

Form APL-002

Appellate Division Appeal Form

Purpose: Form APL-002 may be used to file a written appeal with the Department of Revenue Services (DRS) Appellate Division. Mail the completed Form APL-002 to the address above or fax it to 860-297-4780. For more information about Form APL-002, visit the DRS website at www.ct.gov/APPEAL. If you need additional help, call 860-297-4775, Monday through Friday, during business hours.

Taxpayer's name	Social Security Number or Connecticut Tax Registration Number	
Spouse's name (if joint liability)	Spouse's Social Security Number	
Mailing address	City, state, and ZIP code	
Physical address (number and street) (if different from above)	City, state, and ZIP code	
Daytime telephone number ()	Case Identification Number	Notice Number
Tax type(s)	For the period(s)	
Name of authorized representative: Attach a copy of Form LGL-001.	Email address of representative	

Basis for Appeal

As required by law, you must provide a written explanation of the grounds or basis for your appeal. Use the space below or use additional sheets as necessary. Failure to provide an explanation of the grounds or basis of your appeal may result in denial of your appeal.

I (we) are appealing the following issues:

1. _____

2. _____

3. _____

Signature of taxpayer or authorized representative

Title

Date

Spouse's signature (if joint liability)

Date